

RELEASE FORM

Please check YES or NO after each statement and sign accordingly.

1. I give my child permission to go on any walks on the VA grounds as well as walks to the Fort Hamilton park and surrounding areas. ☐ YES ☐ NO
2. I give my permission for my child to have his/her photograph taken as well as videotaped. These photographs or videotapes may be used in Brooklyn Child Care, Inc. brochures, for public relations projects, web site, etc. ☐ YES ☐ NO
3. In case of emergencies when I, the parent, cannot be contacted, I give my permission to the staff of Brooklyn Child Care, Inc. to sign authorization allowing the Brooklyn VA Medical Center to give my child the emergency medical attention that he/she requires. ☐ YES ☐ NO

Parent/Guardian Signature

Date